Approved, SCAO OSM CODE: RFN

STATE OF MICHIGAN FILE NO. **REQUEST FOR NOTICE** PROBATE COURT ■ GUARDIANSHIP **COUNTY ☐ CONSERVATORSHIP CIRCUIT COURT - FAMILY DIVISION** In the matter of _ 1. The above named person is a resident of or is present in this county. His/her current address is: City Address State Zip 2. I request mailed notice under MCL 700.5104(1) be given to ___ me only my attorney only at Name (type or print) Address City, state, zip Telephone no. 4. My interest in this matter is: ___ Date Signature

Do not write below this line - For court use only